

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

49 County Jasper
11 Township Jeff Ct
City Jeff Ct (No.)

Registration District No. 417
Primary Registration District No. 3021

File No. 23524
Registered No. 61
St. Ward

2. FULL NAME

7 (a) Residence, No. 610 E Madison St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Dawson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1869
7. AGE YEARS 63 MONTHS 10 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

FATHER 13. NAME W. F. Dawson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Grace Dawson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Carleville Cemetery DATE 7/25, 1933

19. UNDERTAKER WEBB CITY UNDERTAKING CO. (ADDRESS)

20. FILED 7-26, 1933 J. L. Conroy Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/22, 1933, to 7-23, 1933
I last saw him alive on 7/23, 1933 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage Date of onset

Other contributory causes of importance: Arteriosclerosis
Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Dumbauld M. D.

(Address) Webb City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 25 1933

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